The Honorable Lauren King

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity as President of the United States, et al.,

Defendants.

NO. 2:25-cv-00244-LK

DECLARATION OF A. KADE GOEPFERD IN SUPPORT OF PLAINTIFFS' OPPOSITION TO DEFENDANTS' MOTION TO STAY PRELIMINARY INJUNCTION PENDING APPEAL

NOTE ON MOTION CALENDAR
August 25, 2025

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I, A. KADE GOEPFERD declare as follows:

1. I am over the age of 18, competent to testify as to the matters herein, and make this declaration based on my personal knowledge as well as through Children's Minnesota's personnel who have assisted in gathering supporting documents, data and information.

2. I am currently the Chief Education Officer, Sr. Dr of Interprofessional Education at Children's Minnesota. I have held this position since 2015. In my role as Chief Education Officer I am responsible and accountable for the graduate and undergraduate medical education training at our institution, which includes advance practice students, pharmacy residents, psychology interns, social work interns, medical students, medical residents and medical fellows. I also am responsible and accountable for our Joint Accreditation and health professional education for our professional staff members at Children's Minnesota and in the broader pediatric community. Our mission is to be an essential partner to current and future health professionals to ensure they have the training and information they need to provide the highest quality, patient-centered care to children and their families.

3. I am also a pediatrician in the Gender Health Program at Children's Minnesota. Under my leadership, this program was launched in 2019 and I served as the medical director of this program until 2025. This program provides interdisciplinary care to transgender and gender diverse youth and their families and consists of pediatric experts in pediatric and adolescent health, pediatric endocrinology, pediatric psychology, clinical social work, child and adolescent psychiatry, rehab services, nursing and clinical care coordination and is the largest exclusively pediatric multispecialty program in the region.

4. I have also served Children's Minnesota as the Vice Chief, Chief and Past Chief of the Professional Staff from 2019-2024 and have been an employed physician in the Hospitalist Medicine Program, Primary Care Clinic and previous leadership positions in our Education Department (Associate Director, Site Director) prior to serving as the Chief Education Officer.

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5. I am also an adjunct professor in the Department of Pediatrics at the University of Minnesota, where I have been on faculty since 2009. I have previously served as an Associate Director of the Pediatric Residency Program at the University of Minnesota from 2013-2017.

6. I earned my medical degree and completed a residency in Pediatrics at the University of Minnesota in the Department of Pediatrics. I have been member of Children's Minnesota's professional staff with clinical privileges since 2006.

Education Grants at Children's Minnesota

7. The Children's Minnesota Education department offers exceptional pediatric education at every stage of a health professional's career. We train the future pediatric workforce of Minnesota and beyond from multiple clinical disciplines and across multiple pediatric specialties. We have a 100-year history as a teaching hospital and serve as the primary pediatric training ground for Minnesota and the region.

8. Children's Minnesota is one of the primary clinical teaching sites for the University of Minnesota's Medical School, and the largest host of pediatric clerkship rotations. We are also one of the primary teaching sites for the University of Minnesota Medical School's Department of Pediatrics, hosting hundreds of rotations for the School's residents, fellows and medical students in pediatrics and pediatric specialties.

9. This past academic year, Children's Minnesota hosted over 1,200 clinical rotations in pediatrics for 726 trainees across 8 disciplines, which include advance practice nursing, physician assistants, pharmacy residents, psychology and social work interns, medical students, medical residents and medical fellows.

10. In addition to training students, residents and fellows from the University of Minnesota we have over 25 additional learning agreements, providing pediatric training to future clinicians from the Mayo Clinic, Hennepin Healthcare, Allina Health and the HealthPartners Institute in Minnesota. We are also a site for regional pediatric training and regularly host trainees from Henry Ford (Michigan), University of Illinois (Illinois), Monument Health (South Dakota) and Eau Claire (Wisconsin).

11. Like other children's teaching hospitals that provide both graduate and undergraduate pediatric education, Children's Minnesota receives federal funding from the Children's Hospitals Graduate Medical Education ("CHGME") Program. These critical funds offset almost half (45%) of the training costs associated with providing high quality medical training to students, residents and fellows each year. Last year we received $4.2 million in CHGME funding.

Impact to Future Pediatric Workforce in the state of Minnesota

12. As the region's largest provider of pediatric healthcare, Children's Minnesota is a highly sought-after clinical training site for pediatrics and pediatric subspecialty care for training programs in Minnesota and beyond. As such, we currently train 100% of the pediatric and medicine/pediatric residents in pediatrics from the University of Minnesota Department of pediatrics and host pediatric training rotations for every Family Medicine Residency in the state of Minnesota. We also host pediatric resident trainees from the Mayo clinic. This means that we trained 133 future pediatricians and 146 future family practice physicians in the last academic year. Every year over 100 primary care residents graduate, having

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trained at Children's Minnesota, and will go on to provide pediatric healthcare in our region and beyond.

13. To further emphasize this point, when we surveyed graduating primary care residents in the last academic year, 68% of them were planning to provide primary care in the state of Minnesota, with an additional 28% continuing their training Minnesota. Many of our family medicine residents come from programs with a focus in providing care to both urban and rural underserved communities, helping to address the present and looming primary care and pediatric primary care physician shortage in this country.

14. If the federal government were to stop providing CHGME funding to Children's Minnesota based on the healthcare that we provide to transgender patients, the impact would be devastating for the future clinician workforce of Minnesota and the availability of pediatric primary care providers and pediatric specialists in the state. The University of Minnesota, as well as all other ACGME accredited training programs in primary and specialty pediatric care in the state, rely heavily on Children's Minnesota to provide the pediatric volume of patient and clinical expertise that they need to be properly prepared and trained to care for children in this state and region.

15. If Children's Minnesota were to no longer offer clinical training rotations in pediatrics, or decreased clinical rotations due to loss of close to half of our funding support, the ripple effect would be far reaching for kids and families in this state. Training programs would have to decrease compliment numbers to ensure adequate volume time for clinical rotations at other, smaller volume pediatric care sites and community hospitals, resulting in the training of fewer pediatric primary and subspecialty physicians, advance practice providers and

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other health professionals in the state. The current and looming physician shortage in the state of Minnesota (and beyond) would increase and the healthcare access and overall health and well-being of kids would undoubtedly suffer.

16. I am not aware of Children's Minnesota having ever received federal grant funding contingent upon Children's Minnesota NOT providing a particular type of medical care or medical treatment to our patients. This type of funding condition is highly irregular when it comes to educational (or research) grant funding as typically funding for education depends in part on the numbers of patients being served, not withholding necessary medical care from a particular population of patients or for a particular medical condition.

Research Grants at Children's Minnesota

17. Children's Minnesota has placed research at the center of its mission to provide the highest quality, family centered care to kids and their families. Pediatric research at Children's Minnesota is focused on advancing the understanding and treatment of childhood diseases, with an emphasis on turning groundbreaking scientific discoveries into tangible improvements in patient care. We are home to a dynamic research community that includes leading pediatric specialists, scientists and clinicians dedicated to addressing the unique health challenges faced by children. Whether through clinical trials, genetic testing or personalized medicine approaches, research conducted at Children's Minnesota leads to more precise, effective treatments for a variety of pediatric conditions, improving both the outcomes and quality of life for young patients.

18. At Children's Minnesota, our Research and Sponsored Programs department receives both federal funds for research programs and federal grants for

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sponsored programs, such as clinical programs for targeted communities or specialized patient populations. Last year, we received over $2 million in new grant funds to support clinical programs, such as a significant federal grant to support our perinatal and pediatric HIV program. This program is the only pediatric focused program in the state specifically eliminating HIV transmission from mother to baby for over 20 years and serves approximately 100 patients each year.

19. Our Research Institute at Children's Minnesota published 203 studies in 2024 in all 11 of our active research programs, contributing to pediatric scholarship nationally and internationally. Our clinical trials in Hematology and Oncology changed the standards of care for patients with B-ALL, the most common type of acute lymphoblastic leukemia (ALL) in children. Study participants on the clinical trial saw a cure rate of up to 95-96%, which was significantly higher than previous protocols with a cure rate of around 85-90%. Children's is also one of 11 institutions that participated in the NIH-funded DINE study looking at the developmental impact of NICU-based phthalate exposures on NICU patients and graduates. Our Midwest Fetal Care Center also participates in an NIH study to reverse heart block during pregnancy as part of a large multicenter NIH-funded trial.

20. Similar to our Sponsored Programs, our Research Institute is funded in large part by federal funds. In 2024, Children's Minnesota was awarded close to $4 million in federal research grants. Federal funding for research at Children's Minnesota helps us collaborate with other institutions locally and nationally to take science directly to patient care improvements, translating research into treatments, guidelines, protocols and innovative new therapies that improve kids' health

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outcomes. Research at Children's has contributed to improvements in childhood cancer treatments and outcomes, management of Type 1 Diabetes, maternal/fetal care and exciting developments in care from our cutting-edge pharmacogenomics program, the only pediatric-focused program in the Upper Midwest. Research from our emergency medicine department has received awards from the American Academy of Pediatrics and developed nationally published guidelines for identifying risk in patients with acute appendicitis.

21. If the federal government were to stop providing all research grants to Children's Minnesota, the impacts would be far-reaching and disastrous for pediatric healthcare in our state and in our region. We currently have over $25 million dollars in pending and submitted federal research and sponsored program grants. There are clinical programs for kids and families supported by federal funding that only Children's Minnesota provides, including our perinatal and pediatric HIV program as well as our child abuse program and training center. An immediate federal funding cut would also impact critical research in pediatric cancer and blood disorders, neonatology, genetics and pharmacogenetics, neurosurgery, maternal/fetal medicine, cardiovascular care and diabetes, among others.

22. Some of our most exciting and innovative clinical research trials currently happening at Children's Minnesota, would cease to be available to patients, including some patients who travel from states away to get care only available at our institution. Revolutionary fetal surgery, life-saving cancer trials and personalized pharmacogenomic interventions would be significantly impacted if Children's Minnesota was punished by the federal government through the cancellation of research funding simply for providing healthcare to transgender

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youth. **Forcing a hospital system or clinician to deny the provision of life-saving healthcare to one population of patients (transgender youth), so that another population of patients (kids with cancer) can continue access their lifesaving care, is a cruel and unethical position currently being created by the federal government.**

Developments Since the Court Entered Its Preliminary Injunction

23. Children's Minnesota continues to face extraordinary pressure from the federal government to stop providing medically necessary healthcare to transgender and gender diverse patients. This is healthcare that is endorsed by every major medical and mental health organization in this country and is legally protected in the state of Minnesota.

24. Since the preliminary injunction from the Court, multiple additional actions have been taken by the federal government focused on the ongoing provision of essential care for transgender youth, with the intent to pressure hospitals, clinics and providers to stop providing state-protected, legal and medically necessary healthcare. These actions include, but are not limited to: letters from the Centers for Medicare and Medicaid Services ("CMS") to healthcare providers and to state Medicaid agencies questioning the safety and appropriateness of essential healthcare for transgender youth, memos issued by the U.S. Attorney General prioritizing enforcement of penalties aimed at providers of care, and FBI post and HHS guidance encouraging individuals to report institutions and individual clinicians who provide essential healthcare to transgender youth. Additional actions include Department of Justice ("DOJ") issued subpoenas to multiple hospitals, clinics and providers of essential healthcare for transgender youth seeking private and protected personnel and patient data as well as other information about care, the Federal Trade Commission ("FTC") hosted a workshop spreading disinformation about gender affirming care and opened a website seeking public comment

reporting harm from care or false claims about care and two proposed CMS rule changes to 1) stop coverage of medically necessary care for transgender youth on Medicaid or Medicare and 2) change the conditions of participation for Medicaid and Medicare to deny reimbursement of any type of care to institutions that provide essential healthcare to transgender youth.

25. At every turn, the federal government continues to use multiple agencies and levers to prevent trained mental health and medical providers from providing evidence-based, longstanding, high quality, team-based essential healthcare to transgender youth. We are facing immense pressure from the federal government to stop providing necessary healthcare to transgender youth and the pressure is compounded as we hear of other institutions across the country who have decided to pause or discontinue care because of this deluge of federal actions.

Necessity of Continued Preliminary Injunction

26. Every day our patients and families receiving care in the Gender Health program express their ongoing fear, panic and concern that their child or adolescent will lose access to their healthcare and their healthcare team. At every clinic visit, families that we have known for weeks, months and in some cases, several years, bring their anxiety to us about losing access to resources, mental health support and medical expertise that they have come to rely upon. Families who have seen their children and young adults thrive after receiving medically necessary gender affirming care are terrified of what will happen to their children and their family if they can no longer access this care. Our inboxes continue to fill with worried chart messages, emails and phone calls from families who depend upon us for care, support and resources.

27. In our case in Minnesota, we are not only holding the responsibility for the care of the transgender and gender diverse patients in our state, but also beyond our borders. The Midwest has many states that have state-wide bans in effect preventing access to care, so parents

of transgender youth have taken to driving hours, and sometimes days or long plane flights, to make sure they can access the healthcare their family needs. Many of these families have decided to move and make the state of Minnesota their new home so that their child can grow up and thrive under the care of our multispecialty integrated mental health and medical care teams. All of these families: native Minnesotans, our new out of state transplant families and our out of state families traveling long distances for care, are absolutely dependent on the preliminary injunction remaining in place.

28. To remove the preliminary injunction at this stage, would be to unleash a new wave of panic and fear in these parents and families who have often already endured so much just to access necessary healthcare. These kids and their parents are counting on us to provide them medically indicated care that remains legal in our state and backed by research, guidelines and expert medical consensus.

29. Furthermore, the preliminary injunction has allowed Children's Minnesota to focus on what we do best, which is provide outstanding medical care to kids, all kids, who seek our services and expertise. We have been able to provide medically necessary care to all of our patients, including our transgender patients, without fear of devastating cuts to our federal grant funding for research, sponsored programs and medical education. This has allowed us to continue our mission improving children's health by providing the highest-quality, family centered care advanced through research and education. To remove this protection is to strike at the core of what makes Children's Minnesota who we are, which is every family's essential partner in raising healthier children.

30. The preliminary injunction has also provided a sense of positive relief to our workforce at Children's Minnesota, who for now, do not need to fear criminal enforcement under Section 8.a of the Executive order, and instead can focus on providing high quality, medically necessary care to our patients. This protection allows our Kid-Experts at Children's Minnesota

to do what they do best, which is putting kids first and providing extraordinary medical care, all while ensuring compliance with all applicable laws.

31. Removal of the preliminary injunction would place us squarely in the midst of severe and mounting pressure from the federal government to either stop providing state protected, medically necessary care to a particular population of patients based on their identity (transgender patients), or risk losing federal grant funding that supports our core mission of research and education. Removal of the injunction would also cause our clinical care teams to return to a very real fear of federal prosecution for providing the necessary medical care that they have specialized training and expertise to provide to their transgender patients. As a physician, I can tell you that the moral distress of knowing you can offer a life-saving and science backed medical intervention to a population of marginalized patients, but being prohibited or intimidated into not providing them healthcare, is one of the worst feelings I have ever experienced in my professional career.

I declare under penalty of perjury under the laws of the State of Washington and the United States of America that the foregoing is true and correct.

DATED this 15th day of August 2025 at Minneapolis, MN.

A. Kade Goepferd, MD
Chief Education Officer, Sr. Dr. Inteprofessional Education; Pediatrician, Gender Health Program